



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	
		Filing Date	
		First Named Inventor	TAKARAGI, Kazuo
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	16869P-007410US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  Return Postcard Preliminary Amendment
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Robert C. Colwell Reg. No. 27,431	
Signature		
Date	April 5, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Clara Alcazar-Ragan		
Signature		Date	April 5, 2004



PATENT  
Attorney Docket No.: 16869P-007410US  
Client Reference No.: 0349900863US2

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Kazuo TAKARAGI, et al.

Application No.: 10/603,504

Filed: June 24, 2003

For: CONTROL SYSTEM AND  
METHOD OF CONTROLLING  
INFORMATION WRITTEN INTO  
STORAGE MEDIA

Examiner:

Art Unit: 2186

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR §1.97 and  
§1.98

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A is being called to the attention of the Examiner. Copies of the Foreign Patent references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the European application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Robert C. Colwell  
Reg. No. 27,431

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<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/603,504
				Filing Date	June 24, 2003
				First Named Inventor	TAKARAGI, Kazuo
				Art Unit	2186
				Examiner Name	Unassigned
Sheet	1	of	1	Attorney Docket Number	16869P-007410US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1	4,688,026	08-18-1987	Scribner et al.	
	2	4,960,982	10-02-1990	Takahira	
	3	5,796,351	08-18-1998	Yabuki	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	4	EP	0 330 404	A2	02-20-1989	SEKI		<input checked="" type="checkbox"/>
	5	EP	0 330 404	A3	02-20-1989	SEKI		<input checked="" type="checkbox"/>
	6	EP	0 856 818	A3	05-08-2002	HILL		<input checked="" type="checkbox"/>
	7	EP	0 923 040	A2	06-16-1999	LINN		<input checked="" type="checkbox"/>
	8	EP	0 923 040	A3	01-02-2002	LINN		<input checked="" type="checkbox"/>
	9	WO	90/14630	A1	11-29-1990	DeTEMPLE		<input checked="" type="checkbox"/>
	10	WO	97/22297	A1	06-26-1997	YEAGER		<input checked="" type="checkbox"/>
	11	WO	99/05660	A1	02-04-1999	BOWERS		<input checked="" type="checkbox"/>
	12	WO	00/26866	A1	05-11-2000	DURANT		<input checked="" type="checkbox"/>

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.